

State Rapid Response Investigative Public Report

Office of Health Facility Complaints

Maltreatment Report #: HL379375381M
Compliance #: HL379377298C

Date Concluded: November 27, 2024

Name, Address, and County of Licensee

Investigated:

Firstlight Home Care of Minneapolis
8400 Normandale Lake Blvd
Bloomington MN 55437
Hennepin County

Facility Type: Home Care Provider

Evaluator's Name: Maggie Regnier
Special Investigator

Finding: Substantiated, individual responsibility

Nature of Investigation:

The Minnesota Department of Health investigated an allegation of maltreatment, in accordance with the Minnesota Reporting of Maltreatment of Vulnerable Adults Act, Minn. Stat. 626.557, and to evaluate compliance with applicable licensing standards for the provider type.

Initial Investigation Allegation(s):

The alleged perpetrator (AP) financially exploited the client when she used the client's checking information to pay her personal bills.

Investigative Findings and Conclusion:

The Minnesota Department of Health determined financial exploitation was substantiated. The AP was responsible for the maltreatment. The AP used the clients personal checking account information to pay her bills without the client's knowledge. The AP also attempted to use the client's credit card, but those charges were denied. The total dollar amount taken from the client was \$1,692.99.

The investigator conducted interviews with facility staff members, including administrative staff, nursing staff, and unlicensed staff. The investigator contacted family members and law enforcement. The investigation included review of the client's bank records, facility internal investigation, personnel files, staff schedules, and law enforcement report.

The client received comprehensive home care services in their home. The client's diagnoses included right-sided stroke with weakness. The client's service plan included assistance with showering, dressing, grooming and ambulation. The client's assessment indicated the care givers were to provide emotional support and help with exercises.

A police report indicated the client had noticed unauthorized transaction on a personal bank statement with the AP's name listed on those transactions. The same document indicated the AP had provided cares for the client for approximately a month and she admitted to taking a picture of the clients check book with the account and routing numbers on it and using that information to access funds to pay the AP's own personal bills due to financial difficulties she was facing. The report also indicated the AP took a picture of a credit card and attempted to use that as well.

A bank statement from the client's bank account indicated electronic transfer(s) of funds to multiple accounts and listed the AP as the person who transferred the money.

During an interview, the AP admitted taking the money without permission from the client. The AP stated it was wrong and she does not know why she did it.

During an interview, a family member indicated that this theft was very upsetting because they trusted the AP and treated her like family. This event continued to affect them negatively.

The Minnesota Department of Health determined financial exploitation was substantiated.

Substantiated: Minnesota Statutes, section 626.5572, Subdivision 19.

"Substantiated" means a preponderance of evidence shows that an act that meets the definition of maltreatment occurred.

Financial exploitation: Minnesota Statutes, section 626.5572, subdivision 9

"Financial exploitation" means:

(b) In the absence of legal authority, a person:

- (1) willfully uses, withholds, or disposes of funds or property of a vulnerable adult;
- (2) obtains for the actor or another the performance of services by a third person for the wrongful profit or advantage of the actor or another to the detriment of the vulnerable adult;
- (3) acquires possession or control of, or an interest in, funds or property of a vulnerable adult through the use of undue influence, harassment, duress, deception, or fraud; or
- (4) forces, compels, coerces, or entices a vulnerable adult against the vulnerable adult's will to perform services for the profit or advantage of another.

Vulnerable Adult interviewed: No, the client declined an interview

Family/Responsible Party interviewed: Yes

Alleged Perpetrator interviewed: Yes

Action taken by facility:

The facility contacted the police to report the crime, terminated the AP and reimbursed the client for the money that was taken.

Action taken by the Minnesota Department of Health:

The facility was issued a correction order regarding the vulnerable adult's right to be free from maltreatment.

To view a copy of the Statement of Deficiencies and/or correction orders, please visit:

<https://www.health.state.mn.us/facilities/regulation/directory/provcompselect.html>

You may also call 651-201-4200 to receive a copy via mail or email.

The responsible party will be notified of their right to appeal the maltreatment finding. If the maltreatment is substantiated against an identified employee, this report will be submitted to the nurse aide registry for possible inclusion of the finding on the abuse registry and/or to the Minnesota Department of Human Services for possible disqualification in accordance with the provisions of the background study requirements under Minnesota 245C.

cc:

The Office of Ombudsman for Long Term Care

The Office of Ombudsman for Mental Health and Developmental Disabilities

Edina Police Department

Edina City Attorney

Hennepin County Attorney

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: H37937	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 11/14/2024
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NAME OF PROVIDER OR SUPPLIER FIRSTLIGHT HOME CARE OF MINNEAPOLIS	STREET ADDRESS, CITY, STATE, ZIP CODE 8400 NORMANDALE LAKE BLVD #920 BLOOMINGTON, MN 55437
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
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0 000	<p>Initial Comments</p> <p>HOME CARE PROVIDER CORRECTION ORDER</p> <p>In accordance with Minnesota Statutes, section 144A.43 to 144A.482 these correction orders are issued pursuant to a complaint investigation.</p> <p>Determination of whether a violation is corrected requires compliance with all requirements provided at the statute number indicated below. When a Minnesota Statute contains several items, failure to comply with any of the items will be considered lack of compliance.</p> <p>INITIAL COMMENTS:</p> <p>#HL379377298C/#HL379375381M</p> <p>On November 14, 2024, the Minnesota Department of Health conducted a complaint investigation at the above provider, and the following correction orders are issued. At the time of the complaint investigation, there were 45 clients receiving services under the provider's Comprehensive Home Care license.</p> <p>The following correction order is issued/orders #HL379377298C/#HL379375381M are issued for tag identification 325.</p>	0 000		
0 325 SS=F	<p>144A.44, Subd. 1(a)(14) Free From Maltreatment</p> <p>be free from physical and verbal abuse, neglect, financial exploitation, and all forms of maltreatment covered under the Vulnerable Adults Act and the Maltreatment of Minors Act</p> <p>This MN Requirement is not met as evidenced by:</p>	0 325		

Minnesota Department of Health
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE _____

Minnesota Department of Health

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0 325	<p>Continued From page 1</p> <p>The agency failed to ensure one of one client reviewed (C1) was free from maltreatment.</p> <p>Findings include:</p> <p>The Minnesota Department of Health (MDH) issued a determination maltreatment occurred, and an individual person was responsible for the maltreatment, in connection with incidents which occurred at the agency.</p> <p>Please refer to the public maltreatment report for details.</p>	0 325	<p>Home Care Provider 144A. Minnesota Department of Health is documenting the State Correction Orders using federal software. Tag numbers have been assigned to Minnesota State Statutes for Home Care Providers. The assigned tag number appears in the far left column entitled "ID Prefix Tag." The state Statute number and the corresponding text of the state Statute out of compliance is listed in the "Summary Statement of Deficiencies" column. This column also includes the findings which are in violation of the state requirement after the statement, "This Minnesota requirement is not met as evidenced by." Following the evaluators' findings is the Time Period for Correction.</p> <p>PLEASE DISREGARD THE HEADING OF THE FOURTH COLUMN WHICH STATES, "PROVIDER'S PLAN OF CORRECTION." THIS APPLIES TO FEDERAL DEFICIENCIES ONLY. THIS WILL APPEAR ON EACH PAGE.</p> <p>THERE IS NO REQUIREMENT TO SUBMIT A PLAN OF CORRECTION FOR VIOLATIONS OF MINNESOTA STATE STATUTES.</p> <p>THE LETTER IN THE LEFT COLUMN IS USED FOR TRACKING PURPOSES AND REFLECTS THE SCOPE AND LEVEL ISSUED PURSUANT TO 144A.474 SUBDIVISION 11 (b)(1)(2).</p>	